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The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

BOARD OF REGISTRATION
IN MEDICINE

FOR THE

YEAR ENDING NOVEMBER 30, 1933

DIVISION OF REGISTRATION

Mass. DEPARTMENT OF CIVIL SERVICE AND REGISTRATION :



PUBLICATION OF THIS DOCUMENT APPROVED BY COMMISSION ON ADMINISTRATION AND FINANCE

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The Commonwealth of Massachusetts

BOARD OF REGISTRATION IN MEDICINE

State House, November 30, 1933.

To MICHAEL ZACK, *Director of Registration*:

SIR: The Board of Registration in Medicine respectfully submits the following as its annual report for the year ending November 30, 1933:

FINANCIAL STATEMENT FOR THE FISCAL YEAR

Expenditures

Salaries of members of Board	\$4,013.34
Salaries of members of Chiropody Department	560.00
General expenses of Board and Department	1,372.67
Traveling expenses of Board and Department	391.37
	\$6,337.38

Receipts

DEPARTMENT OF MEDICINE

402 examination fees @ \$25	\$10,050.00
309 interne fees @ \$5	1,545.00
325 student fees @ \$1	325.00
125 re-examination fees @ \$3	375.00
Fees for certified statements	44.00
	\$12,339.00

DEPARTMENT OF CHIROPODY

49 examination fees @ \$15	\$735.00
491 renewal fees @ \$2	982.00
17 re-examination fees @ \$2	34.00
	1,751.00
Total	\$14,090.00

Since the establishment of the Board in 1894, the fees received from applicants for registration, renewals and certified statements, and interest on deposits, and paid into the Treasury of the Commonwealth, amount to \$310,434.15. The expenditures of the Board amount to \$261,353.00. In dollars and cents, therefore, the Commonwealth has received \$49,081.15 in excess of the total amount expended.

The number of persons applying for registration during this year is 481. The total number of persons registered during this year is 269. Of these, 79 have been registered by virtue of their National Board certification; 270 applicants were examined for the first time; 47 re-examination applicants filed new applications, and 5 applicants who were accepted did not appear for examination. Of those who had failed in previous examinations, 169 were re-examined. Registrations have been granted to 309 internes and to 325 students.

TABLE I.

Applicants	Examined	Registered	Rejected	Percentage rejected
January 27	2	2	0	0
May	98	34	64	65
June 9	1	1	0	0
July	142	70	72	50
July 24	1	1	0	0
November	200	82	118	59
Total	444	190	254	

Applications for registration in medicine must be made upon blanks furnished by the Board, and must be accompanied by two photographs of the applicant, said photographs must be size 3¼ by 4¼ inches. One of the photographs must be certified by the dean or registrar of the medical school from which the applicant is graduated, or by a person authorized to administer oaths, and who is known to this Board. All applications, together with the required fee of \$25.00, and the required vouchers, must be filed not less than seven days before the date of examination.

On receipt of an application properly executed, a card of admission is issued to the applicant, showing his application number and the date and place of the examination. One of the photographs submitted with the application is also returned with the card, and the number of the application is designated on the photograph, and both card and photograph must be presented by the applicant at the time of the examination. No one is admitted except by card bearing date and place of examination. Cards are issued to rejected applicants entitled to a re-examination upon payment of a fee of \$3.00, when applied for not later than Tuesday of the week next preceding the date of an examination. Three regular examinations yearly are provided, beginning respectively, on the second Tuesday in March, July and November.

The examinations are conducted in the English language only, as required by law, and are intended to cover substantially the instruction given in the high-grade medical schools in this country. The subjects on which the examinations are principally conducted are anatomy and histology, pathology, bacteriology, surgery, obstetrics and gynecology, diagnosis and therapeutics, pediatrics, and toxicology, psychiatry, biology, chemistry, and physics.

The following table shows the number of diplomates of the National Board of Medical Examiners who have been granted registration in Massachusetts since 1923, when the National Board examination was first accepted in place of the examination of the Massachusetts Board:

TABLE II.

Numbered Registered	Year	Numbered Registered	Year
1	1923	26	1928
6	1924	34	1929
10	1925	44	1930
21	1926	40	1931
23	1927	55	1932
		79	1933

The following table shows the number of diplomates of the National Board of Medical Examiners, and the schools from which they were graduated, who were granted registration during 1933:

TABLE III.

School of Graduation	Number Registered
Albany Medical College	1
Boston University School of Medicine	5
College of Medical Evangelists	1
Columbia University College of Physicians and Surgeons	1
Cornell University Medical School	1
Harvard Medical School	37
Johns Hopkins University	7
McGill University	1
University of Illinois	1
University of Michigan	1
University of Pennsylvania	2
University of Vermont	4
Tufts College Medical School	13
Tulane University	1
Woman's Medical College	1
Yale University	2
Total	79

The Certificate of the National Board is now recognized by the licensing authorities of the following forty-one states and three territories:

Alabama	Illinois	Montana
Arizona	Iowa	Nebraska
California	Kansas	Nevada
Canal Zone	Kentucky	New Hampshire
Colorado	Maine	New Jersey
Connecticut	Maryland	New Mexico
Delaware	Massachusetts	New York
Georgia	Minnesota	North Carolina
Hawaii	Mississippi	North Dakota
Idaho	Missouri	Ohio

Oklahoma	South Carolina	Virginia
Oregon	South Dakota	Washington
Pennsylvania	Tennessee	West Virginia
Puerto Rico	Utah	Wyoming
Rhode Island	Vermont	

The medical examining boards of nearly all of the remaining states are reported as favoring changes in their statutes so that they can recognize the National Board Certificate. Diplomates of the National Board are required by some states to meet certain additional regulations. The additional requirements of any state will be sent upon request to the office of the National Board.

Tabulations showing the number of first examinations and re-examinations and average ratings of applicants from medical schools represented by not less than three applicants follow:

TABLE IV.

School	First Examination		Re-examination	
	Number of applicants	Average rating	Number of applicants	Average rating
Boston University School of Medicine	17	79.2	3	73.6
College of Physicians and Surgeons, Boston	4	71.1	11	66.2
Harvard Medical School	18	79	0	0
Massachusetts College of Osteopathy	12	72	14	67.3
Middlesex College of Medicine and Surgery	61	69.7	58	63
Tufts College Medical School	56	75.2	1	75
Chicago Medical School	3	78	0	0
Des Moines Still College of Osteopathy	1	57.5	2	74.1
Georgetown University	6	72.5	3	69.3
Hahnemann Medical College	4	70.9	2	71.3
Kansas City University of Physicians and Surgeons	19	64.3	36	64.1
Kirkville College of Osteopathy	9	67.6	20	60.6
Laval	2	63.2	1	63.9
McGill	2	76.6	2	76.9
Philadelphia College of Osteopathy	5	62.4	7	68
Rush Medical School	3	78.4	0	0
St. Louis College of Physicians and Surgeons	0	0	4	41.4
University of Buffalo	3	79.3	0	0
University of Montreal	2	64.7	2	62.1
University of Naples	2	55.4	1	11.8
University of Vermont	3	75	0	0
Yale University	3	75.9	0	0

TABLE V.

The following tabulation is based upon the results of the examination of all applicants during the year covered by this report:

School	Number taking exam. for first time			Number failed in prev. exam. being re-examined			Total number passed	Total number rejected	Percent- age rejected	Total number examined
	Passed	No. Rejected	Yr. Grad.	Passed	No. Rejected	Yr. Grad.				
Boston University School of Medicine	16	1	1931	2	1	1931	18	2	10	20
College of Physicians and Surgeons, Boston		4	1933	2	1	1930	2	13	86	15
					4	1931				
					2	1932				
					2	1933				
Harvard Medical School	17	1	1930		1	1929	17	1	5	18
Massachusetts College of Osteopathy	4	8	1933	5	2	1930	9	17	65	26
					1	1931				
					1	1932				
					4	1933				
Middlesex College of Medicine and Surgery	23	1	1922	4	1	1921	27	92	77	119
		5	1932		2	1924				
		32	1933		2	1926				
					3	1928				
					4	1929				
					9	1930				
					15	1931				
					14	1932				
					4	1933				
Tufts College Medical School	49	3	1932	1			50	7	12	57
		4	1933							
Albany Medical College	1						1	0		1
Chicago Medical School	3						3	0		3
Des Moines Still College of Osteopathy		1	1933	1	1	1930	1	2	66	3
Emory University	2						2	0	0	2
French Medical College of Beyrouth		1	1927				0	1	100	1
Georgetown University	2	2	1932	1	1	1931	3	6	66	9
		2	1933		1	1933				
Hahnemann Medical College	1	1	1932	1	1	1933	2	4	66	6
		2	1933							
Jefferson Medical College	1	1	1926				1	1	50	2
Johns Hopkins	2						2	0	0	2
Kansas City University of Physicians and Surgeons		10	1932	4	6	1929	4	51	92	55
		11	1933		1	1930				
					2	1931				
					15	1932				
					6	1933				
Kirksville College of Osteopathy	2	1	1931	1	8	1929	3	26	89	29
					3	1931				
					8	1932				
					6	1933				

Laval		1	1932	2	1925	0	3	100	3
Marquette	1					1	0	0	1
McGill	4					4	0	0	4
Medical College of Virginia		1	1930			0	1	100	1
Meharry		1	1932			0	1	100	1
Missouri College of Medicine and Science				1	1927	0	1	100	1
Northwestern Medical College	1					1	0	0	1
Ohio State University	1					1	0	0	1
Philadelphia College of Osteopathy		1	1932	1	1931	1	11	91	12
		4	1933		1932				
					1933				
Rush Medical College	3					3	0	0	3
St. Louis College of Physicians and Surgeons				2	1920	0	4	100	4
				2	1923				
St. Louis University	1					1	0	0	1
South Carolina Medical College	1					1	0	0	1
Syrian Protestant Medical College	1					1	0	0	1
Temple University	1					1	0	0	1
Tulane University	1					1	0	0	1
University of Buffalo	3					3	0	0	3
University of Chicago	1					1	0	0	1
University of Iowa	1					1	0	0	1
University of Kansas	1					1	0	0	1
University of Maryland	1					1	0	0	1
University of Michigan	1					1	0	0	1
University of Minnesota	1					1	0	0	1
University of Montreal		1	1932	2	1942	0	4	100	4
		1	1933						
University of Naples		1	1929	1	1903	0	3	100	3
		1	1932						
University of Oregon	1					1	0	0	1
University of Rochester	1					1	0	0	1
University of Rome		1	1925	1	1925	0	2	100	2
University of Tennessee	1					1	0	0	1
University of Toronto	1					1	0	0	1
University of Vermont	2	1	1932	1		3	1	25	4
University of Virginia	2					2	0	0	2
University of Wisconsin	1					1	0	0	1
Vanderbilt University	1					1	0	0	1
Woman's Medical College	1					1	0	0	1
Yale University	3					3	0	0	3

The following tabulation shows the record of rejected applicants, and the institutions from which they were graduated:

TABLE VI.

School	Number of rejected applicants	Year of graduation	Number of times examined	Result of examination
Boston University School of Medicine	1	1931	2	Not registered
College of Physicians and Surgeons, Boston	2	1931	7	Not registered
	1	1932	3	Not registered
	1	1932	4	Reg. 4th exam.
	2	1933	2	Not registered
	1	1933	1	Not registered
Harvard Medical School	1	1930	1	Not registered
Massachusetts College of Osteopathy	1	1929	6	Not registered
	2	1930	8	Not registered
	1	1932	3	Reg. 3rd exam.
	3	1933	2	Reg. 2nd exam.
	3	1933	2	Not registered
	1	1933	1	Not registered
Middlesex College of Medicine and Surgery	1	1921	1	Not registered
	1	1922	1	Not registered
	1	1924	21	Not registered
	1	1926	11	Not registered
	1	1926	5	Not registered
	1	1928	16	Not registered
	2	1929	10	Not registered
	2	1930	10	Not registered
	1	1930	8	Not registered
	1	1930	7	Not registered
	1	1931	9	Not registered
	3	1931	8	Not registered
	1	1931	6	Reg. 6th exam.
	1	1931	5	Not registered
	1	1931	4	Not registered
	1	1932	5	Not registered
	1	1932	3	Reg. 3rd exam.
	3	1932	3	Not registered
	4	1932	2	Not registered
	1	1932	1	Not registered
	2	1933	3	Not registered
	31	1933	1	Not registered
Tufts College Medical School	1	1932	2	Reg. 2nd exam.
	2	1932	1	Not registered
	4	1933	1	Not registered
Des Moines Still College of Osteopathy	1	1930	7	Reg. 7th exam.
	1	1933	1	Not registered
French Medical College, Beyrouth	1	1927	1	Not registered
Georgetown University	1	1931	3	Not registered
Hahnemann Medical College	1	1931	1	Not registered
	1	1932	2	Reg. 2nd exam.
	1	1933	2	Not registered
Jefferson Medical College	1	1926	1	Not registered
Kansas City University of Physicians and Surgeons	2	1929	7	Not registered
	1	1929	5	Not registered
	1	1929	3	Not registered
	1	1930	8	Reg. 8th exam.
	1	1930	5	Not registered
	1	1931	3	Not registered
	*1	1932	8	Reg. 8th exam.
	†1	1932	7	Not registered
	1	1932	5	Not registered
	2	1932	3	Not registered
	5	1932	2	Not registered
	6	1932	1	Not registered
	1	1933	3	Not registered
	2	1933	2	Reg. 2nd exam.
	4	1933	2	Not registered
	3	1933	1	Not registered
Kirksville College of Osteopathy	1	1929	4	Not registered
	2	1931	6	Not registered
	1	1931	1	Not registered
	2	1932	6	Not registered
	2	1932	5	Not registered
	1	1932	4	Not registered
	1	1933	2	Reg. 2nd exam.
	2	1933	2	Not registered
	2	1933	1	Not registered
Laval	1	1925	13	Not registered
	1	1932	1	Not registered
Medical College of Virginia	1	1930	1	Not registered
Meharry	1	1932	1	Not registered
Missouri College of Medicine and Science	1	1927	3	Not registered
Philadelphia College of Osteopathy	1	1931	6	Not registered

	2	1932	3	Not registered
	2	1932	2	Not registered
	1	1933	2	Not registered
	3	1933	1	Not registered
St. Louis College of Physicians and Surgeons	1	1920	6	Not registered
	1	1923	19	Not registered
University of Maryland	1	1927	1	Not registered
University of Naples	1	1903	2	Not registered
	1	1929	1	Not registered
	1	1932	1	Not registered
University of Rome	1	1925	2	Not registered
University of Montreal	1	1932	4	Not registered
	1	1932	1	Not registered
	1	1933	1	Not registered
University of Vermont	1	1932	2	Reg. 2nd exam.

*Includes 2 examinations previous to 1932 as a graduate of St. Louis College of Physicians and Surgeons.

†Includes 5 examinations previous to 1932 as a graduate of St. Louis College of Physicians and Surgeons.

The situation involving the medical graduates from foreign Universities is practically unchanged as far as Massachusetts is concerned if one looks only at the figures for the past year. The immigration quotas restrict the number of foreign-born applicants so that even with the reported exodus from Germany, the effect is not shown in the report. The number of inquiries received from consular agencies and transportations companies, as well as from individuals on behalf of American-born students attending foreign medical schools shows considerable attention directed toward Massachusetts on the part of persons who may be regarded as ineligible for examination in other states.

In February, 1933, a meeting was called of representatives of the Council on Medical Education and Hospitals of the American Medical Association, the Association of American Medical Colleges, the Federation of State Medical Boards of the United States, the National Board of Medical Examiners, and the Board of Regents of the University of the State of New York, to consider the question of the licensure of graduates of European Medical Schools. On the recommendation of this committee, the Federation of State Medical Boards of the United States adopted the following resolution:

1. That no American student matriculating in a European medical school subsequent to the academic year 1932-1933 will be admitted to any state medical licensing examination who does not, before beginning such medical study, secure from a state board of medical examiners or other competent state authority a certificate endorsed by the Association of American Medical Colleges or the Council on Medical Education and Hospitals of the American Medical Association showing that he has met the premedical educational requirements prescribed by the aforementioned associations.

2. That no student, either American or European, matriculating in a European medical school subsequent to the academic year 1932-1933 will be admitted to any state medical licensing examination, who does not present satisfactory evidence of premedical education equivalent to the requirements of the Association of American Medical Colleges, and the Council on Medical Education and Hospitals of the American Medical Association, and graduation from a European medical school after a medical course of at least four academic years, and submit evidence of having satisfactorily passed the examination to obtain a license to practice medicine in the country in which the medical school from which he is graduated is located.

A similar resolution was later adopted by the National Board of Medical Examiners.

Several conferences have already been held by American representatives with medical and governmental representatives of several of the European countries,

and more are in prospect so that a mutual understanding on this question may be said to be in prospect. The arrangement with Italy is deemed especially satisfactory. In these negotiations looking toward better protection of the public, it may be pointed out that the Massachusetts Board has not participated even by representation, on account of existing limitations in the Massachusetts statute.

In the past year, the number of American students studying medicine in Europe has increased from 1483 to 1911. In due time, the candidates deemed ineligible in other states will be crowding into Massachusetts, which cannot protect itself as the other states are empowered to protect themselves.

The solution of the problem presented by the "foreign schools" is still unsatisfactory. The regulations adopted by all the states in the Union except Massachusetts is reported to have deflected numerous unqualified candidates from European Medical Schools to Latin America. While adequate authoritative information is not obtainable concerning all of these schools, great differences are apparent: some schools are excellent; some are of very low grade.

It is probable that regulations will be adopted by the other states to protect their citizens against unqualified practitioners from these sources also but only inadequate protection can be provided in Massachusetts under the present statute.

When the Board has requested that only graduates of approved schools be admitted to its examination, the question is raised as to why medical schools need approval; that is, what are any medical schools doing that they should not be approved? The answer to this question is that if one judges by the results of the examinations and by complaints made to the Board against physicians, some of the medical schools are not giving a good medical education to their graduates and are not selecting with reasonable care the candidates on whom they confer the degree in medicine.

It is not to be expected that every school should have a perfect score, but it is a matter of record that the schools which are generally not approved, graduate an unreasonably high percentage of unqualified candidates. Of course, it is because of the known record of these schools and of their graduates that approval is not given. Non-approval does not in any way actually impair the educational power of the school.

What is needed to remedy this situation is to enlighten the interested public concerning what each school is actually doing. At the present time, there is no way of obtaining authoritative, adequate information as to how any non-approved school carries on its work. The catalogues of the non-approved schools have been studied from the point of view of securing adequate and accurate information. The most characteristic feature of these catalogues is inadequacy. In one catalogue was found actual misrepresentation, numerous instances of statements which might easily be misunderstood, and the description of the set-up of a diploma mill. The procedure of the school in conferring the degrees under this peculiar arrangement seems to be outside the statute under which the Board now acts, but it is a matter which requires close scrutiny and will be referred to the proper department. It is this same school to which the attention of the Legislature was directed last year, because of the dating back of diplomas. Diplomas stating that all the rules and regulations had been fulfilled by the candidates were found to be dated back to a time one, two, or three years before the conditions were, according to other statements of the school, actually fulfilled. Although the school claimed that the date on the diploma was a private arrangement between it and the candidate and entirely outside of the province of the Board, the school has, so far as the Board knows, discontinued this practice, not found to exist in any other educational institution.

In the Report of the Board for 1932, it was recommended in the qualification of an eligible medical school that it give "a full four years' course of instruction of not less than thirty-six weeks in each year" should be deleted from the statute. The interpretation by the Attorney General of this qualification was that the thirty-six weeks should exclude vacation periods. A study of the catalogues

of the medical schools in the United States and Canada, in the light of the interpretation by the Attorney General of this provision, showed that the graduates of only a few of these schools were eligible for examination, and of almost none of the better schools. At the time set for the March examination only three candidates had qualified, and as these were from defunct and fraudulent medical schools, the Board postponed the examination until a greater number of candidates should qualify. After changes in the statute, an examination was held May 25, 1933.

The changes in the statute were as follows: (1) the course of instruction required was reduced to thirty-two weeks in each year; (2) the word "full" as qualifying the four years' course was deleted; (3) the word "school" was inserted before "weeks" in the requirement of "thirty-two school weeks" in each year, without definition of the word "school"; (4) the candidate was required to attend medical school; and (5) attendance at a medical school legally chartered but not empowered to confer degrees in medicine was made to satisfy the requirement for attendance.

The statute as amended represents a distinct gain in that for the first time in the history of the medical practice act in Massachusetts, attendance at a medical school is formally recognized as a necessary qualification for the physician. However slight this change may be, it represents a new step in the direction of progress.

The qualifications for the practice of medicine may be graded under four headings: morals, manners, knowledge, and skill, and the statute says the "examinations . . . shall be sufficiently thorough to test the applicant's fitness to practice medicine". The mere enumeration of these qualifications is a reminder of how difficult they are to test directly, and yet each one is important. How can the Board, by any examinational procedure test with sufficient thoroughness the morals and manners of the candidate? In no way can such a test be made directly, and the Board, therefore, has to satisfy itself with what other persons say about the candidate, and accepts certificates of fitness from duly registered physicians who know the candidate, and presumably know the qualifications for practice. Skill might be tested by a comprehensive practical examination, but under present conditions, a direct test of skill is impracticable, and the Board has only the test for knowledge to fall back upon. Here, too, a comprehensive test is impracticable and test by samplings is necessary, asking a few questions about some of the branches of medicine. Yet these samplings can be made to give a fair idea of the candidate's knowledge.

Although adequate testing is called for by the statute, the means for such testing are honest, intelligent, and thorough, and are aware that they are testing for testing by the Board, even by change of statute? How can it ever be possible to test the candidate before he goes into practice and there shows his mettle? No perfect test can be devised, but reasonably adequate measures are employed by some medical schools and of these advantage can be taken in other states, but not in Massachusetts. These procedures work well and should be made applicable here by change in the Massachusetts statute.

There is in the Massachusetts statute a provision authorizing the Board to accept at its discretion the examination of the National Board of Medical Examiners in place of its own examination. The substitution covers no other point than the qualification of knowledge. Why should the Board not be permitted to accept at its discretion, the testimony of other evaluating bodies, of which the Board approves? In fact, the years of college work required before admission to the medical school, the four years in medical school, and the year of internship in hospitals required by some schools before granting the degree, and by some states before admission to examination for registration give the opportunity for the most penetrating analysis and just evaluation of the candidate's qualification for practice. They give the opportunity, but the evaluation is sound only if, at the various stages, the persons responsible for the testing are not provided. But what possible procedure would become available the candidate for capacity to carry the responsibilities of the physician. Judging

by results, the approved schools are doing a reasonably good job in this respect, and by the same token, the non-approved schools are not doing a reasonably good job. It is not that all graduates of approved schools are qualified, or that no graduate of a non-approved school is qualified, but that the proportion of qualified practitioners from the non-approved schools is far too low.

There is on the part of most medical schools a growing sense of responsibility for conferring the degree of doctor of medicine on the right kind of person for carrying the responsibilities of the physician, and there is a tendency to look more and more to the schools for just this selection of candidates. The schools are more and more accepting the responsibility. This does not mean that the state should give up its power of licensing the physician: the state gives up none of its power and none of its responsibility. It means merely that certain parts of the determination of the qualification *can be* done better by educational institutions than by the Board. Since educational institutions *can* but *may not* perform these functions adequately or may not choose to accept such responsibilities, the Board should have discretionary power of approval of schools in whose evaluation it has special confidence.

It is the opinion of the Board from its experience in dealing with complaints against physicians that the qualifications for the practice of medicine in Massachusetts should be raised. When one compares the qualifications for practice in other states with those of Massachusetts, one finds that all the rest lead Massachusetts. This difference in standards is not immediately clear upon a consideration of the statutes, but the reason for the difference is apparent at once. In every Jurisdiction in the United States (federal and state), except Massachusetts, the Board of Registration in Medicine is given some discretionary power of approval of medical schools from which it is to accept candidates. Only candidates from "adequate", "satisfactory", "reputable", or "Approved" schools may take the examinations.

These statutes in other jurisdictions indicate that outside of Massachusetts it is thought that the examination test which indeed, here also is regarded as only supplementary, cannot, in the words of the statute, "be sufficiently thorough to test the applicant's fitness to practice medicine". With the demand of the law that the applicant be fit, no one can disagree, but that another test, preliminary to the examination should be introduced, is the opinion of the Board. This additional preliminary test has been introduced in the statutes by the law-making body in every jurisdiction in the United States outside of Massachusetts. If enacted here, it would merely raise Massachusetts formally to the level of other states, often regarded by us as more backward than we are in setting educational standards.

A consideration of the statutes in Massachusetts concerning every other Board of Registration under the Division of Registration which licenses applicants who have to do with the bodies of living persons, and which accepts applicants for examination from a school of preparation, shows that the Board of Registration in Medicine alone has not had this discretionary power conferred upon it.

In order that the practice of medicine in Massachusetts may be less perilous to the people of this Commonwealth, the Board of Registration in Medicine (1) asks that the qualifications for the practice of medicine be raised; (2) makes the following recommendations; and (3) submits the accompanying bill.

RECOMMENDATIONS

In 1922 there was added to the requirements to be fulfilled by the applicant for examination for registration in medicine that of graduation from a high school; and also that the candidate be examined in physics, chemistry and biology. It is a fact that high schools do not, in general, give courses in these subjects which are adequate in the preparation for the study of medicine. Since the subjects are important they should not be eliminated but studied more thoroughly. This is in conformity with general custom, for all the other States require two years of college work in preparation for the study of medicine, and

include physics, chemistry and biology, either by explicit statutory enactment or by board ruling. Therefore the Board recommends that two years of college work be required by Massachusetts before admission to the medical school.

Progress in the science and art of medicine makes greater demands in the educational preparation of the candidate for practice than were generally regarded as necessary forty years ago. In the year 1915 Massachusetts required that the candidate for examination should have received the degree of doctor of medicine or its equivalent from a legally chartered medical school empowered to confer degrees in medicine. It was supposed that such degree would represent the satisfactory completion of a course of medical instruction of not less than four years of thirty-six weeks each. The statute does not take cognizance of the travesty on medical education which exists in some schools which fulfill the statutory conditions. Therefore, the Board recommends that attendance upon a four-year course of medical instruction of not less than thirty-two weeks in each year be supplemented by satisfactory completion of such course.

Some medical schools of high standing have a course of five or six years, with less than thirty-two weeks in each year. The statute should be more flexible in its provisions, so that graduates of these schools may become clearly eligible for examination. Therefore, the words "or a course equivalent thereto" have been introduced.

The term "approved by the Board" is the wording most frequently found in the statutes of other jurisdictions, especially in the most recent legislation, and covers every contingency.

The exemption of students in actual attendance at the time of the passage of the bill in medical schools now eligible is reasonable and just.

The exemption of physicians or graduates of schools which are now eligible, but which may become ineligible under the law, is reasonable and just. These candidates may have prepared for practice in Massachusetts under the present minimum requirements and it may be impossible for them ever to fulfill the new requirements. It is the recommendation of the Board that the law as of the present time be permitted to apply to them.

Since there are in the United States medical schools legally chartered and empowered to confer degrees in medicine, which are deemed unworthy of approval by competent evaluating bodies, the Board of Registration in Medicine asks that it be given power of approval of those medical schools whose graduates appear before the Board for examination, as now provided by law. As in the Federal Jurisdictions and in every State Jurisdiction in the United States (except Massachusetts), the Board of Registration in Medicine has some discretionary power of approval, and as in Massachusetts every Board of Registration in the Division of Registration which accepts candidates from a school, except the Board of Registration in Medicine, has some discretionary power of approval of the school, the Board of Registration in Medicine asks that it be given this power commensurate with the importance of its services to the Commonwealth.

HOUSE—No. 118, 1934

An Act relative to the Educational Qualifications of Applicants for Registration as Qualified Physicians.

BE it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section two of chapter one hundred and twelve of the General Laws, as most recently amended by section one of chapter one hundred and seventy-one of the acts of nineteen hundred and thirty-three, is hereby further amended by striking out the second sentence and inserting in place thereof the following:—

Each applicant who shall furnish the board with satisfactory proof that he is twenty-one or over and of good moral character, that he possesses the educational qualifications required for graduation from a public high school, that he has completed satisfactorily two years of college work before admission to the medical school, that he has attended and completed satisfactorily a four

year course of medical instruction of not less than thirty-two school weeks in each year, or a course equivalent thereto, in one or more legally chartered medical schools and that he has received the degree of doctor of medicine, or its equivalent, from a legally chartered medical school having the power to confer degrees in medicine, which is approved by the board, shall, upon payment of twenty-five dollars, be examined, and if found qualified by the board be registered as a qualified physician and entitled to a certificate in testimony thereof, signed by the chairman and secretary.

SECTION 2. The additional qualifications herein required as a prerequisite to examination under said section two, or corresponding provisions of earlier laws, shall apply only to persons matriculating in a medical school after the effective date of this act.

NEW SCHOOLS

In the past year, two new schools have been chartered from which in time candidates may come before the Board for examination. One of these, the New England School of Osteopathy, was chartered in Massachusetts. No catalogue from this school has been received by the Board, and according to the latest information it has not yet begun courses of instruction. It does not have the power to confer degrees. Instruction given in a school legally chartered, but not empowered to confer degrees became acceptable as fulfilling the requirements in Massachusetts under a statutory change which was never discussed at any public hearing on the medical practice act. There has appeared in the osteopathic periodical literature, the statement that the school will probably ask for degree conferring power at the 1934 session of the General Court.

The second school, the Midwest Medical College of Kansas City, Missouri, (eclectic) was duly chartered in the early part of this year. Examination of the catalogue shows that the faculty consists of a considerable number of persons who formerly were on the faculty of the Kansas City University of Physicians and Surgeons. The authorities of the new school state that they hope to bring the school into the group of approved institutions before long. No recent statement has been received from the Kansas City University of Physicians and Surgeons.

The Board has been in actual session nineteen days; has conducted twenty hearings; revoked three certificates of registration; suspended one; and restored one. Three hearings were continued; two of which were taken up and disposed of at later hearings. Two physicians were placed on probation; five letters of censure were written; nine cases were dismissed; no action was taken in one case; and two cases were placed on file. The time given by the individual members of the Board in rating examination books is not included in the twenty days devoted to Board meetings.

Fifty-four complaints were made to the Board during the year. Twelve of these complaints came up for hearing before the full Board, eight conferences were held, and after investigation, no action was taken in 34 cases.

By vote of the Board, the Chairman and Secretary have been empowered to hold conferences in certain instances with physicians relative to whom complaints have been made in order to ascertain if Board hearings are necessary. Conferences with ten physicians have been held. In this manner, the time of the members has been saved and financial economy for the State has been effected.

As yet, no appointment has been made to this Board during this year.

REGISTRATION OF CHIROPODISTS

The increase in the number of the applicants for the examination in chiropody is an indication of the growing realization of the importance of the subject. There are now two schools in Massachusetts, of which the certificants are accepted for examination. Although the statutory requirement for the course of study is eight months, both of these schools are reported to have established three-year day courses and before long will have given up all shorter courses and night school. The night school has the advantage of giving the candidate opportunity

for receiving formal instruction while supporting himself, but too often night school has been identified with inadequate educational preparation.

There is increased interest in chiropody on the part of the medical profession also, and since chiropody can be regarded only as a medical specialty, the time would seem to be ripe for some medical school to establish a department of chiropody on a sound basis. Years ago, it was the shortsightedness of a medical faculty that gave dentistry its start as a separate profession and educational discipline in the United States. The result has been a great loss to medicine and to the medical specialty of dentistry. It would be unfortunate if chiropody were to develop without reference to the major art of which it is strictly speaking but a small part.

The statutes with reference to chiropody have not kept pace with the needs of the practice of this branch of medicine, so that before long changes should be made to approximate generally accepted standards.

The Board has examined 78 applicants for registration this year, 40 of whom were registered on first examination, and 10 on the second examination. Each examination has occupied one full day. The written exercises are conducted in the State House, and the practical demonstrations under the supervision of Messrs. Kenison, Lelyveld, and Pettingill, at the chiropody schools. Each applicant is required to provide his own equipment for the practical work and to furnish a patient upon whom to demonstrate his fitness for practice.

During the year, Drs. Knowlton, Rushmore, Sylvester, have represented the Board of Registration in Medicine, and the Messrs. Kenison, Lelyveld and Pettingill the chiropodists in this work.

There were 490 chiropodists who took out annual renewal registration certificates for the year 1933.

Respectfully submitted,

CHARLES P. SYLVESTER, M. D., *Chairman.*
STEPHEN RUSHMORE, M. D., *Secretary*
ROBERT F. HOVEY, M. D.
DANIEL J. HURLEY, M. D.
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